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Navy Neuropsychology: Meeting the Needs of the Warfighter

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Cmdr. Carrie Kennedy, neuropsychologist and Hospital Corpsman 3rd Class Andrew Brown, psychiatric technician worked together in Helmand Province conducting blast concussion assessments. (Photo courtesy of Cmdr. Kennedy)

Navy neuropsychology has undergone massive changes in the past ten years. From a community that regularly maintained only three to four active duty neuropsychologists at a time to one in which we haven't been able to procure and grow enough, we have been a much-needed clinical specialty in order to meet the needs of the warfighter.

Blast concussion and combat stress issues have been the predominant clinical foci of this war for neuropsychologists. Understanding blast concussion, interactions between concussion and combat trauma, implementing cognitive screening strategies both predeployment and in

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the war zone and providing mandated neuropsychological evaluations on warfighters in the combat zone have defined active duty neuropsychology during the war in Afghanistan. As the war winds down, these same neuropsychologists will be meeting the unique needs of veterans for years to come.

In combination with recent news reports about the effects of concussion on athletes, the urgency to appropriately assess and safely return to duty those with blast concussions has been significant.

Neuropsychologists have been in a unique position to meet this need, but in order to do that effectively we had to grow. Growing a robust neuropsychology community hasn't been fast. It takes almost 18 months from announcement of an allotted fellowship slot to commencement of the fellowship. The fellowship itself consists of two years of formal post-doctoral training to meet the minimum standards for credentialing as a Navy neuropsychologist.

Consequently, even though we have been aggressively addressing the manning issue, it has taken us five years to grow from three active duty neuropsychologists to seven (Capt. Tony Arita, Cmdr. Robert Obrecht, Cmdr. Randy Reese, Lt. Cmdr. Shawna Chee, Lt Cmdr. Porter Evans, Lt. Ana Soper, and myself). This will increase to nine in just a few months when our existing fellows graduate (Lt. Cmdr. Josh Kenton, University of California, San Diego, and Lt. Cmdr. Efland Amerson, University of Virginia).



Lt. Cmdr. Shawna Chee, neuropsychologist, at the Concussion Restoration Care Center at Camp Leatherneck.
(Photo courtesy of Cmdr. Carrie Kennedy)

For neuropsychologists, this war marks the first time that we have been needed and used near the front lines.

Three of our neuropsychologists practiced neuropsychology in the war zone assessing acutely concussed service members and providing mandatory neuropsychological evaluations to those who sustained multiple concussions. Two more of our neuropsychologists have recently arrived in Afghanistan. One is deployed to the Concussion Restoration Care Center on Camp Leatherneck and another is deployed to Kandahar Air Field.

We are fortunate to have two preferred training sites which have tailored their existing fellowship programs to meet the training needs of Navy neuropsychologists.

Under the leadership of Dr. Jeffrey Barth and Dr. Donna Broshek of the University of Virginia and Dr. Bill Perry of the University of California San Diego, we have robust training programs that provide the highest quality training with special emphasis on concussion, specialized military populations and the neurologic conditions most often seen in active and retired military personnel.

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The war and specialty population requirements have also provided a need for Navy neuropsychology to become more integrated into all of our military treatment facilities. We now have positions for neuropsychologists at [Camp Pendleton](#), Calif.; [Naval Medical Center Portsmouth](#), Va.; [Naval Medical Center San Diego](#); [Camp Lejeune](#), N.C.; and [Naval Aerospace Medical Institute](#), Fla.

To further meet the needs of our combat veterans we are looking at recoding positions at both Camp Lejeune, which would then have two neuropsychology positions, and [Walter Reed National Military Medical Center](#), Bethesda, Md.

While in the past, neuropsychologists often only served one tour as a neuropsychologist, the increased needs at military concussion/TBI centers and military hospitals have created the need for specialists to serve in more than one billet as a neuropsychologist. This is good news for Navy neuropsychologists who have historically been faced with the reality of having to move to a non-neuropsychology position and risk skill degradation or face the decision to leave the military to remain focused on the clinical specialty.

The future of Navy neuropsychology is robust. By this time next year we will likely have seven positions and nine active duty neuropsychologists in the fleet. We have asked the Navy for two fellowship slots to begin in 2014 and are waiting to hear which slots will be offered for the Medical Service Corps.

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